## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

**LOBBYISTS** (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

2005 JAN 18 AM 10: 07

STATE OF IDAHO

See instructions at bottom of page
abbuict's name and normanant business address

CHARLES DANIEL HEINCY 6930 BOARDWALK DRIVE GRANITE BAY CALIFORNIA 95746-9242 (916) 791-3750

Date prepared Jewary 04, 2005 01-04-2005 Period covered year ending

(Mo.) (Day) (Yr.)

12 31 2004

In.)

Item 1	Totals of all reportab	able expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.							
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		* Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
		All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment		s #20.40	\$ \$20.40	s NONE	s None	S NONE			
Living Accommodations		NONE	NONE	NONE	NONE	NONE			
Advertising		NONE	NONE	NONE	NONE	NONE			
Travel		NONE	NONE	NONE	NONE	NONE			
Telephone		NONE	NONE	NONE	NONE	NONE			
Other Expenses or Services		NONE	NONE	NONE	NONE	NONE			
	Total	s <u>*20,40</u>	s <b>*</b> 20.40	s NONE	S NONE	\$ NONE			
*/	When the number of employers	you are reporting for requi	ires multiple L-2 forms to	be filed a total amount for	or all employers should be	entered on Page 1.			

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Date Names of Legislators & Public Officials in Group Place Amount (NONE) (MONE) (NONE)

Continued on attached page(s)

INSTRUCTIONS  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.		Employer(s) Name(s) and Address(es)	
		MERCK HUMAN HEALTH DIVISION-U.S. (MERCK 4 Co., IN P.O. Box 4 WP-39-448 (215) 652-3780 JEST POINT, PENDSYLVANIA 19486-0004	
Filing deadline: Annual report is due on January 31st.	No.2	NONE	
TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720	No.3	NONE	
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.4	NONE	

Item 4		expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.							
	Date	Amount		Name of Legislator Receiving or Benefited					
(No	NE)	(NONE)		(NONE)					
Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION					
	t Code Bill, I table) Legisla Rules Rules	Was supporting or opposing Resolution or Other Approach ative Ident. Number  Decket # 16-030  Decket # 16-030  M-016  -1419	opriation Bill Number d Section Number	Code Subject  O1 Agriculture, horticulture, farming, and livestock  O2 Amusements, games, athletics and sports  O3 Banking, finance, credit and investments  O4 Children, minors, youth, senior citizens  O5 Church and religion  O6 Consumer affairs  O7 Ecology, environment, pollution, conservation, zoning, land and water use  O8 Education  O9 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  12 Government, county  13 Government, federal  14 Government, municipal  15 Government, special districts  16 Government, state	Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education  19 Housing, construction, codes  20 Insurance (excluding health insurance)  21 Labor, salaries and wages, collective bargaining  22 Law enforcement, courts, judges, crimes, prisons  23 License, permits  24 Liquor  25 Manufacturing, distribution and services  26 Natural resources, forest and forest products, fisheries, mining and mining products  27 Public lands, parks, recreation  28 Social insurance, unemployment insurance, public assistance, workmen's compensation  29 Transportation, highways, streets and roads  30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas  31 Other (please specify)				
		ereby certify that the above		Employer No. 2 signature  (NONE)  Employer No. 3 signature  (NONE)	Jamary 04, 2005  1-4-C5  Date  Date  Date  Date				

Charles D. Henry Jamery 4, 2005